

RECEIVED
CENTRAL FAX CENTER

APR 20 2006

FAX TRANSMISSION**DATE:** April 20, 2006**PTO IDENTIFIER:** Application Number 10/566593
Patent Number**Inventor:** Asuka NISHIMURA et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Jeanne M. DiGiorgio

PHONE: (617) 227-7400**Attorney Dkt. #:** SHZ-028US**PAGES (Including Cover Sheet):** 6**CONTENTS:** Transmittal (1 page)
Supplemental Application Data Sheet (3 pages)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/97 (09-04)

Approved for use through 07/31/2006 OMB 0661-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/566593

Attorney Docket No.: SHZ-028US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on April 20, 2006
Date



Signature

Jeanne M. DiGiorgio

Typed or printed name of person signing Certificate

41,710

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Supplemental Application Data Sheet (3 pages)

RECEIVED
CENTRAL FAX CENTER

APR 20 2006

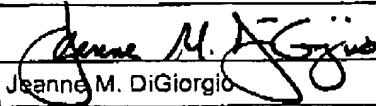
PTO/SB/21 (09-04)

Approved for use through 07/31/2008 OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/568593
	Filing Date	January 31, 2006
	First Named Inventor	Asuka NISHIMURA
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	Attorney Docket Number	SHZ-028US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet (3 pages); Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	Jeanne M. DiGiorgio	
Date	April 20, 2006	Reg. No. 41,710

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated, April 20, 2006

Signature: 

(Jeanne M. DiGiorgio)

Supplemental Application Data Sheet**Application Information**

Application number::	10/566593
Filing Date::	01/31/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	GENES THAT CONFER REGENERATION ABILITY TO PLANTS, AND USES THEREOF
Attorney Docket Number::	SHZ-028US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Asuka
Family Name::	NISHIMURA
City of Residence::	Saitama
Country of Residence::	Japan

Street of mailing address:: c/o Honda Research Institute
1, Hon-cho 8-chome, Wako-shi
City of mailing address:: Saitama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 351-0114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Makoto
Family Name:: MATSUOKA
City of Residence:: Nagoya-shi, Aichi
Country of Residence:: Japan
Street of mailing address:: c/o National University Corporation Nagoya
University
1, Furo-cho, Chikusa-ku
City of mailing address:: Nagoya-shi, Aichi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 464-8601

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Motoyuki
Family Name:: ASHIKARI
City of Residence:: Nagoya-shi, Aichi
Country of Residence:: Japan
Street of mailing address:: c/o National University Corporation Nagoya
University
1, Furo-cho, Chikusa-ku
City of mailing address:: Nagoya-shi, Aichi
Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 464-8601

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP2004/011307	07/30/04
PCT/JP2004/011307	An application claiming the benefit under 35 USC 119(e)	60/491837	07/31/03

Foreign Priority Information

Assignee Information

Assignee name:: Honda Motor Co., Ltd.
Street of mailing address:: 1-1, Minami-Aoyama 2-chome
Minato-ku
City of mailing address:: Tokyo
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 107-8556

Assignee name:: National University Corporation Nagoya
University
Street of mailing address:: 1, Furo-cho
Chikusa-ku, Nagoya-shi
City of mailing address:: Aichi
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 464-8601